CANADIAN PUBLIC HEALTH ASSOCIATION MEETS IN MONTREAL JUNE 8th and 9th

The
Public Health Journal

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Canadian Public Health Association

Vol. XVI TORONTO, MAY, 1925 No. 5

SPECIAL ARTICLES

THE WELL-BABY CLINICS IN LONDON, CANADA

THE ANNUAL CONFERENCE OF THE CANADIAN PUBLIC HEALTH ASSOCIATION

STATISTICS COMPARING CANCER WITH TUBERCULOSIS IN THE CITY OF SASKATOON

THE PURITY OF DRUGS
V. E. Henderson, M.B.

ESSENTIALS OF AN EDUCATIONAL PROGRAMME FOR THE CHILD
A. D. Hardie, M.A.

$2.00 per annum 40 ELM STREET, TORONTO 20 cents per copy

The Public Health Journal

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The Well-Baby Clinics in London, Canada

Report of Supervising Nurse of the London Child Welfare Association

January 1st to December 31st, 1924

REVIEWING the work of the London Child Welfare Association for the year 1924, one is first struck by the uniform way in which the work has increased all along the line—the number of Clinics held, the number on Well-baby Clinic Rolls, the total attendance at Clinics, the number of families visited and the number of visits made; each year these increases have corresponded with the increases in our budget. For six months in 1921, we had our 4th nurse on the staff; in 1922, we had four nurses the whole year; in 1923 we had use of a little Ford car for four months and consequently were able to do more work; in 1924 we had the car for the whole year with result that still more work was accomplished; and now the outlying districts are calling for more Clinics and I see no possible means of supplying the demand with our present staff and facilities. This association must keep before it the fact that *the demand for the service* we are giving the public is so increasing that to meet it we must soon provide another nurse; or suffer the service to be so divided that it will become much less effective. The upkeep of the car is greatly reduced by the kindness of our President in giving room in his garage; our office is supplied with heat and light, by the Institute of Public Health; our Clinics are housed free at the Public Schools through the kind co-operation of the School Inspector and the Principals of the schools. So almost our entire budget is left free to provide Clinic supplies and trained Public Health workers. Our nurses have had the benefit of the Public Health lectures at the Institute and the Public Health Nursing students take field work with us. That the service has been effective is shown in the last few lines of the Report before you.

The lowering of the Infant Mortality Rate to its present figure 55.9, is a subject for congratulation. The Infant Mortality Rate is the standard by which any community may be judged. A low Infant

Mortality Rate is a great asset to any city, drawing to it a desirable class of citizens—the intelligent heads of families who can appreciate what this means to their children.

When we consider that in each year before this Association was formed, London was losing over 132 children out of every 1,000 born, one of the biggest infant death rates in Ontario; and that last year this loss was decreased to about 56 per 1,000, one of the lowest rates in the whole of Canada, we can judge whether it has been worth while or not.

While this is the universal standard by which Child Welfare work is judged, there is another figure, which it seems to me, shows even more plainly the good results of our work; that is, the still lower number of deaths in the group reached by Well-Baby Clinics, that is, in the ages over one month to five years. It is in this class that the entire reduction of deaths has been made. For while the Infant Mortality Rate as a a whole has been decreasing, the number of still births has been increasing and the number of deaths, immediately after birth—those in the first month of life—has remained stationary. All the improvement has been secured amongst the children of clinic age.

Before Well-Baby Clinics were opened, over 160 children between the ages of 1 month and 5 years died in London, Ontario, each year. In the year 1916, 117 babies died under one year of age, but over one month; and 50 more between the ages of 1 and 5 years. In striking contrast 1924 saw but 35 instead of 117 in the first class and 24 instead of 50 in the second, making 59 deaths instead of 167 in the group of Well-Baby Clinics ages, a saving of 108 deaths in this one year; is not this worth while?

The greatest cause of these deaths, summer intestinal infections, has been practically eliminated, by preaching Mother's milk as the only safe food for infants and where this food was not possible by teaching how to safeguard against infection of the cow's milk and feeding utensils, used as a substitute.

The past two years we have concentrated on teaching prevention and cure of common colds, which seem to have born fruit in the decreased number of deaths from pneumonia.

Of the 59 who died in 1924, 2 only were Clinic babies—one the victim of a street car accident, and the other, a healthy well-cared-for child, died of influenza pneumonia.

Of 8 other deaths, where we knew something of the cases—4 were children of mothers who had pre-natal advice; two of these 4 were stillborn and the other two died immediately after birth. The 4 remaining were sick children who were visited at the request of attending physicians to show the mothers how to carry out the doctor's instruc-

tions; in other words the children were seen first by our nurses when already ill.

It is a question if all of these might not have been saved, if the mothers had been first taught child hygiene and prevention of illness. While on the whole our report is encouraging, there is still a great class we do not reach—the stillbirths, and the deaths immediately following birth. These are the deaths obviously due chiefly to prenatal causes. To reach this class is the great problem confronting all Child Welfare work. In New Zealand, the schools include mother craft in their curriculum and this seems a great step towards educating the mothers of the future. The education of the public to demand prenatal care for mothers seems to be the only way to affect the masses.

The increase in the number of stillbirths is a grave menace. The Medical Board of your Association, which was inaugurated last year and has proved such an efficient help in the work, has put on an investigation of the causes of those losses in 1924, which has not as yet been completed, but which we may hope will throw light on the subject.

The pre-natal Clinics which are only for those unable to pay a private physician and is kept up weekly by the physician of the obstetrical department of Victoria Hospital has been better attended of late and there has been good result with these cases, but these clinics reach too small a proportion of the community to have any effect on the statistics. There were 35 new cases and 6 carried over from last year—41 in all—out of the 1,542 mothers in 1924. Out of these 41, 11 came only once at the last minute and went directly into the Free Maternity ward, getting therefore no benefit from the pre-natal care offered at the Clinic.

At each Well-Baby Clinic the work of weighing, measuring, etc., of the babies has been greatly helped by volunteer workers, who have relieved the nurses of this and left them free to look after the purely professional part.

The Women's Board, which meets monthly, is a great help and encouragement. The Social Service part of our work is not included in our budget. Although Public Health—spreading the knowledge of Child Hygiene and the prevention of disease—is primarily our object, we cannot neglect the Social Service side. Our milk fund is absolutely necessary to the health of the child and the parents unable to supply it. I have made it a rule, however, that it is only given where the physician in charge of the Clinic advises it, and when the child is brought regularly to the Clinic to be inspected, that we may see the result of the milk taken.

Warm clothing for children and infants so often cannot be provided, unless we can gather it together for distribution, and we gratefully receive these contributions. The greatest need is for children's shoes.

An order on any shoe store for shoes will save a child from colds and often resulting illness. Mothers can cut down old clothing to make over for their children, but the shoe problem is the great worry of most parents, and we are very grateful for those provided at Xmas. Dinners were provided for several of our families by kind friends of this Association and the Xmas Tea Parties held at each clinic were a great success and greatly enjoyed by all.

The Milk and Cream for the seven parties was given by Mr. Geo. May. The oranges and other provisions provided by Mothers Clubs and other members of the Women's Board.

The tent at the Fair was, as usual, crowded and provided the opportunity of spreading knowledge of baby care and general Public Health, besides being a boon to many tired mothers and babies.

In May we put collection boxes in each Clinic to be used for our Milk Fund. While our Clinics, we feel, should be quite free—that any mother should be given the opportunity of learning principles of child hygiene and baby care—there are many coming, who can help their less fortunate neighbours with milk for the children, and who are glad to do so. The $36.00 collected in this way represents about 400 quarts of milk distributed. Dundas Centre Church, Class 27, has given, through one of our nurses, milk to the value of $54.00, besides $31.00 in Xmas. cheer to families recommended by her. All this is gratefully acknowledged. This makes $152.00 in all spent for milk.

I feel, I cannot conclude my Report of work accomplished in 1924, without expressing my appreciation of the kindness received from and support given me by this Board. I am asking for six months leave of absence but the work will go on as usual under the capable direction of Mrs. Stapleton, who joined our staff in the second year of our work and has been my substitute whenever absent.

Respectfully submitted,

(Signed) BERTHA SMITH.

LONDON CHILD WELFARE ASSOCIATION

REPORT OF SUPERVISING NURSE JANUARY 1ST TO DECEMBER 31ST, 1924

Four nurses full time	1924	1923	1922	1921
Total visits made by nurses	6,190	5,619	5,327	4,930
Telephone consultations with visiting nurses	2,067	1,589		
Total	8,257	7,208		
Clinics held				
For sick children (up to 14 yrs. of age)	51: attendance 416			

			1924	1923	1922	1921
For well babies						
(up to 5 yrs. of age)....	315	" 5,702				
Prenatal clinics, cases...	35: 46	" 108				
Total clinics held.....	412	6,226	412	359	247	191
Total attendance.....			6,226	5,556	4,359	3,633
Number on Well-Baby Clinic Rolls						
Carried forward from 1923.....		478				
New babies.....		551				
Total attendance in 1924.....		1,029	1,029	738	666	645
Dismissed.....		490				
On Roll January 1925.....		539	539	478	343	320
Families on Visiting Lists						
Carried forward from 1923.....		525				
New families came to clinics.....		318				
Visited by request of family physician..		32				
Visited by request of other associations..	40	431				
Total families visited during year.....			956	923	970	927
Families dismissed.....						
Moved out of town.....		42				
Moved not found.....		41				
Indifference.....		173				
Not necessary to visit.....		175	431			
On list end of year.....			525	525	495	503
Total children under supervision during year at clinics and in visiting.....			1,400	1,350	1,350	

	1924	1923	1922	1921	1916
Starting 1924—7 Well-Baby Clinics weekly					
Total births recorded at City Hall.....	1,542	1,458	1,519	1,536	1,299
Deaths under 1 yr. of age excluding S.B.....	81	97	95	118	165
Deaths over 1 yr. and under 5 yrs.....	24	20	28	52	50
Still births recorded at City Hall.....	93	82	72	74	53
Infant mortality rate.....	55.9	70.5	65.5	80.7	132.4
Deaths under 1 mo. (Prenatal Causes).....	46	51	45	69	48
Deaths under 5 yrs. from Pneumonia.....	9	19	33	34	28
Deaths under 5 yrs. from Gastro. Intes. Dis.....	4	11	8	15	67
Deaths under 5 yrs. from Other Infections.....	18	8	18	24	39
Deaths under 5 yrs. from Misc. Causes.....	28	28	22	46	33
Total deaths under 5 yrs.....	198	199	195	244	268
Total deaths under 5 years excluding S.B.....	105	117	123	170	215
Total deaths under 5 years and over 1 mo. (Clinic age).....	59	66	78	101	167

The Annual Conference of the Canadian Public Health Association

JUNE 8th and 9th

THE City of Montreal is this year to be the meeting place of not only the Canadian Public Health Association, but the Association of State and Provincial Health Officers, of North America. Both of these organizations having selected the month of June as the time of meeting, it was decided by the Executive Officers of the Canadian Association to assure, if possible, the attendance of every professional and lay health worker in the Dominion at the sessions of both Associations. The convention date originally set, namely June 29th and 30th, was therefore changed to June 8th and 9th, these dates following immediately those of the above mentioned Conference. It is hoped that this change will cause the minimum of interference with the plans of those who had arranged to attend the convention at the time first planned.

It is not necessary to elaborate on the many advantages associated with Montreal as a convention centre, particularly in the early summer. Those who are not as familiar with the early history of the Dominion's greatest metropolis as all Canadians should be, would do well to profit by this opportunity to visit this remarkable city, a city that was old when most of America's largest communities were unheard of, and which has for generations, despite its industrial and financial progress, remained the educational and social centre of Eastern Canada.

Beautifully situated at the base of Mount Royal, which was so named by Jacques Cartier on his second visit to America in 1535, and established by Paul de Chomedey, Sieur de Maisonneuve in 1642, not as a trading post, but rather as a centre from which the blessing of christianity might be extended to the Indians, the city has grown and prospered despite the many vicissitudes associated with its position as a frontier post in the days of the French regimé, and its capture in 1759 by the British, and again by the American Revolutionists under Richard Montgomery in 1775.

Among the many points of interest to which the attention of visitors is directed, are the monument to the city's founder, the Hotel Dieu, established in 1644, probably the oldest hospital in the New World, and the church of Notre Dame, Canada's most beautiful place of worship. Visits to these and many other spots immediately associated with the early

history of this great country can be combined with attendance at the technical sessions, and a round of golf at any one of the beautiful courses surrounding the city. Let us make Montreal the Mecca of all those interested in public health, from June 4th to 9th, inclusive.

The programme is this year unique in that the major portion of the sessions will be given over to the discussion of four important subjects intimately associated with public health progress. The Section of Laboratory Workers has also arranged an exceedingly attractive programme for their sectional meeting. This programme will be of interest, not only to those particularly engaged in this field, but to health workers generally.

A copy of the tentative programme is here attached.

June 8th—Forenoon—Symposium on Infantile Mortality:—
Chairman—Dr. A. Lessard.
Speaker—Dr. S. Boucher.
Luncheon—Speakers:—
Hon. L. A. David—Hon. President of C.P.H.A.
Dr. Baudouin—President of C.P.H.A.
Afternoon—Symposium on Milk Supply:—
Chairman—Dr. M. M. Seymour.
Evening—Reception—
Address of Welcome by Mayor of Montreal.
Address by Lieutenant-Governor of the Province.
Address by Dr. Welch of Johns Hopkins.
Reception—Dance—Buffet.

June 9th—Forenoon—Symposium on Public Health Administration:—
Chairman—Dr. J. W. S. McCullough.
Luncheon—Speaker—
Afternoon—Symposium on Public Health Nursing:—
Chairman—Dr. H. E. Young.
Meeting of the Section of Laboratory Workers—
Dr. N. MacL. Harris, Chairman.
Evening—Excursion on the River.
Various visits during the meeting.

Hotel Accommodation for C.P.H.A. Meeting

Not only will it be a convenience to arrange hotel accommodation through Professor R. deL. French, McGill University, but it will assure a considerable reduction in hotel rates for those doing so.

This same advantage is offered to those attending the State and Provincial Health Authorities' Conference if they arrange through Professor French.

The Canadian Public Health Association

AT the meeting of the C.P.H.A. held in St. John, N.B., in June, 1922, a Committee was appointed to devise ways and means whereby the Association might extend its sphere of usefulness. This committee was named the Committee on Policy and Progress, and the Hon. Dr. Roberts of St. John, was appointed chairman, also Drs. Bell and Wyatt were appointed joint secretary-treasurers.

At the first meeting of the committee held in St. John it was decided to investigate the present status of the Association and its future possibilities. The secretaries were empowered to carry on such investigation and bring a report to the next meeting. Such a report was presented to a meeting of the committee held in April in Toronto, and in view of the very excellent nature of the report, it was decided to send on both the Report and the Committee's Amendment to the Report for the consideration of the members of the Association in session at the next annual meeting. This was done, and at the Edmonton meeting, after a considerable amount of discussion, the following motion was presented for the consideration of the meeting, namely, that "the report of the Committee on Policy and Progress be printed and that the matter be left over until the next annual meeting of the Association". An amendment to the motion was then moved and on division was carried. This amendment was as follows:

"That the Committee on Policy and Progress be continued. That this Committee in conjuction with the Executive Council, be authorized to employ an Executive Secretary, which action would be ratified at the next Annual Meeting of the Association. That Provincial or District Organizations be approved, and that the report of the Committee be printed and distributed as suggested, and that the whole question be referred forward to the next general meeting of this Association."

It was thought wise, therefore, by the Executive Committee to present through THE JOURNAL to all members the information contained in the report of the committee, and urge that due thought be given to the whole question prior to the meeting of the Association in Montreal in June next.

AMENDMENT TO THE REPORT OF THE SECRETARY-TREASURER OF THE COMMITTEE ON POLICY AND PROGRESS, ADOPTED BY THIS COMMITTEE IN SESSION AT TORONTO, ON APRIL 23, 1923

Believing that certain conditions prevail which make it difficult for

the C.P.H.A. as at present constituted and operating, to adequately serve the purpose that prompted its formation, it was felt after a rather thorough canvas of the situation that the following suggestions are worthy of consideration, namely—

That while it is desirous that some form of Dominion-wide organization which shall exert a controlling influence in matters associated with Public Health, be continued, owing to the distance which must inevitably separate the centres at which the annual meetings of such an Association are held, that much of the good that would result from the more regular gathering of those interested in Public Health is lost. This is especially true of the large group of lay workers actively engaged in this field.

That while it is very desirous that there be a much larger measure of correlation between the Medical profession and the professional health worker, that this purpose would not be accomplished by affiliation with the C. M. Association at present.

It is also felt that there should be a larger measure of correlation between all national voluntary organizations dealing with any phase of public health.

Keeping these desiderata in mind, it was thought that some such plan as the following might best serve the immediate needs of the Association.

That the Dominion be divided into districts or provinces, these districts or provinces each to hold an annual conference, and where possible, to take advantage of any existing group, the expansion of which would be preferable to the formation of a new organization, this organization to embrace all health workers. That the C.P.H.A. remain as an Association with an executive consisting of representatives from these district organizations and from all the Federal Associations active in Public Health, and that provision be made for three types of members, namely, Sustaining, Active, and Associate, in the Association. That it meet annually or otherwise as desired in conjunction with one of the sectional groups above mentioned in conference.

That it aim to employ a full-time Executive Secretary, and, if possible, to assume control of THE PUBLIC HEALTH JOURNAL.

REPORT OF THE JOINT SECRETARY-TREASURERS ON THE COMMITTEE ON POLICY AND PROGRAMME

The President and Members of the Canadian Public Health Association:

The joint Secretary-Treasurers of the Committee on Policy and Programme herewith beg to present their report.

At St. John, New Brunswick, on June 8th, the following resolution was unanimously adopted by the Association:

"A. Resolved that since public health is a single interest with different aspects and not a group of special interests, the Canadian Public Health Association has decided for reasons of efficiency, economy and the public welfare, to more extensively develop educational activities along the lines of all recognized phases of preventive medicine and through an Advisory Council promote co-ordinated action among the existing agencies in the field of public health.

B. And to this end it is further resolved that it is the desire of the Canadian Public Health Association that every nationally organized agency chiefly engaged in any phase of public health work in Canada will appoint a representative on the Advisory Council."

The "Committee on Policy and Programme", which prepared the above resolution, made, in its report, the following recommendation, which received the unanimous approval of the Association:

"If, therefore, this resolution be adopted, it is recommended that the Committee be continued and that Doctors W. J. Bell and B. L. Wyatt be appointed as joint Secretary-Treasurers of the Committee to develop a programme, advise with reference to necessary changes in the Constitution, secure funds, make inquiries relative to the qualifications of persons who may be available for the position of Executive Officer of the Association and to attend to such other matters as must be dealt with in order to secure prompt and effective action."

At a Round Table Discussion on the Co-operation of Voluntary Agencies, held at St. John on June 9th, 1922, the following resolution was unanimously adopted:

"Resolved that this Round Table endorse the principle of the resolution of the Canadian Public Health Association authorizing the formation of an Advisory Council to co-ordinate the work of the various nationally organized agencies engaged chiefly in public health work in Canada and that each of these agencies be requested to represent, as far as practicable, such allied organizations as are in any way assisting the activities of these agencies.

Further resolved that steps be taken to organize individual provinces along similar lines, either through the provincial departments of health or through such organization as a provincial department of health may designate for the purpose."

The following representatives of voluntary organizations were present:

1. Red Cross—Col. Nasmith, C.M.G.
2. V.O.N.—Miss Harry.

3. Federal Department of Health—Dr. MacMurchy.
4. C.M.A.—Dr. Hutchinson.
5. C.P.H.A.—Committee on Policy and Programme.
6. N.C.M.H.—Dr. Hattie.
7. N.C.C.V.D.—Dr. Bates.
8. C.T.A.—Sheriff Cook and Dr. Wodehouse.
9. Provincial Officers of Health—Dr. Roberts, N.B.; Dr. Hattie, N.S.; Dr. Chisholm, N.S.; Dr. McClenahan, Ont.; Dr. Laidlaw, Alta.
10. I.O.D.E.—Miss Liggett.
11. Women's Institute—Mrs. Harold Lawrence.
12. Public Health Nurses—Miss H. T. Meiklejohn.

It is the opinion of the joint Secretary-Treasurers that the Canadian Public Health Association, through an Advisory Council, should endeavour to advance the public health activities of Canada by serving as a clearing house and co-ordinating centre in these fields where common functions are performed.

In other words, it should aim to enhance the opportunities for constructive public service among independent, autonomous agencies by increasing the economy and effectiveness of operations and by decreasing the duplication of effort rather than by seeking a merger of such agencies into a single organization.

The following specific activities or functions would legitimately fall within the scope of such a general programme.

1. The organization of an information bureau of special service to member organizations.
2. The development of health educational material.
3. The establishment of a Common Service Committee.
4. The collection and compilation of medical, statistical and sociological data relative to the various phases of preventive medicine and public health.
5. The organization of periodic joint conferences.
6. The development of mutually helpful relationships with Federal, Provincial and Municipal health authorities.
7. The publication of a journal devoted to the interests of public health and preventive medicine.

By the organization of an information bureau of special service it would be possible for member organizations to learn what new projections are being planned, the results of current projects that are nearing completion and the special fields of organization or other activities entered into by those agencies with whom they are not in constant direct contact.

The development of health educational material under the auspices of the Advisory Council should contribute much to the establishment of

standards and *methods*. In fact, probably no greater need exists than that of a systematic, unified, consistent education of the public in the scientific basis and the principles of procedures of public health.

By means of a Common Service Committee, the possibilities in connection with common office facilities, telephone service, library service, stock rooms, shipping facilities, publicity and publication services, etc., could be studied and plans worked out for the total or partial pooling of such interests as might be both desirable and feasible.

In this connection it is most important to recall to the members of the Canadian Public Health Association that Article 2 of the Act of Incorporation (2 George V, Chapter 79), reads as follows:

"The head office of the Association shall be in the city of Ottawa."

The fundamental importance of collecting and compiling medical, statistical and sociological data requires neither amplification nor comment.

By the organization of periodic joint conferences it would be possible, among other things, to more effectively develop new channels of service and better co-ordinate existing field activities.

The development of mutually helpful relations with the various legally constituted health authorities should be considered as a major function.

There is, on the part of the provincial and municipal medical officers of health, the responsibility for carrying out health measures and there would be, on the part of the Advisory Council, the opportunity of co-operation in directing attention to the work and problems of these officials and in fostering public opinion in support of their policies and programmes.

In view of the fact that there already exists a journal which serves as the official organ of the Canadian Public Health Association, this feature of the programme does not properly admit of discussion in this report.

In addition to the programme which is herewith submitted for your consideration, the joint Secretary-Treasurers of your Committee beg to present the following recommendations relative to the organization of the Advisory Council.

The members of the Advisory Council should include:

(1) The Executive Committee of the Canadian Public Health Association.

(2) Two representatives of each nationally organized agency chiefly engaged in any phase of public health work in Canada.

The Executive Officer of the Council should be an adequately paid, full-time official, and the work of the Advisory Council should be carried

on by the Executive Officer with the aid of special committees, to be appointed or otherwise created.

The Advisory Council should be financed by dues from its member organizations and contributions from individuals.

It is assumed that the present activities of the different Sections of the Association would be superseded by the work of the Advisory Council.

It is estimated that from $10,000 to $15,000 annually would be required to finance the activities of the Council during the first three years, and, since it is probable that the Executive Secretary of the Association and the Executive Officer of the Advisory Council would be one and the same individual, it is obvious that his remuneration should be paid out of the funds of the Canadian Public Health Association.

The changes that seem either necessary of desirable in the By-laws of the Association are as follows:

(1) Article 7. Before "Secretary" substitute the words "an Executive" for "a General".

The revised article would then read: "The officers of the Association shall be a President, three Vice-Presidents, and Executive Secretary and a Treasurer."

(2) Article 9. Before "Secretary" substitute the word "Executive" for "General".

The revised article would then read: "The Executive Secretary shall have charge of all correspondence and records except those relating exclusively to finance, and of all printed publication authorized or controlled by the Association. He shall keep the minutes of the Association of all annual, general, special or other meetings, conferences or congresses. He shall notify all members of all committees or sections of the Association, of all acts, orders, resolutions, vote, or other tranactions of the Association affecting their membership or duties. He shall have custody of all papers after their presentation to the Association. And generally he shall perform such other duties as may be designated by the Executive Committee from time to time."

(3) Article 12. Delete the words "General Secretary and the." Add "The Executive Secretary shall be appointed by the Executive Council and shall be remunerated for his services. The terms and conditions of his appointment shall be decided by the Executive Council."

The revised article would then read: "The Treasurer shall be elected by ballot of the Association and shall serve for a term of three years, unless the office becomes vacant by death, resignation or other cause. The Executive Secretary shall be appointed by the Executive Council and

shall be remunerated for his services. The terms and conditions of his appointment shall be decided by the Executive Council."

(4) Article 16. After "the Executive Committee' add "and the Executive Secretary".

The revised article would then read: "The duties of the Executive Council shall be to consider all resolutions presented in writing to the Association, and to report to the Association promptly recommendations concerning the same; to appoint in accordance with the Act of Incorporation and these By-laws, the Executive Committee and the Executive Secretary, together with such other administrative committees as may be necessary, and to receive reports of these committees; to consider and recommend to the Association general policies; to receive from the Association or the sections thereof petitions or recommendations and to report promptly on the same. *A quorum of the Executive Council shall be five.*"

(5) Article 17. Before "Secretary" substitute the word "Executive" for "General".

The revised article would then read: "The Executive Committee shall consist of the President, the Executive Secretary and Treasurer of the Association and three members of the Executive Council to be appointed by the Executive Council. The Executive Committee shall have power to fill vacancies in its own numbers between the annual gneeral meetings of the Association."

(6) Article 18. Should be revised to read: "The Executive Committee shall serve upon the Advisory Council of the Association, and, through the Executive Secretary, shall exercise all the powers and functions of the Executive Council between the annual general meetings of the Association and shall represent the Association as seems to it best during the time; receive and consider, and, if proper, elect active and associate members of the Association; have, in conjunction with the other members of the Advisory Council, the control and supervision of all publications issued by or on behalf of the Association or using the name of the Association in any manner whatsoever; and may from time to time call special meetings or conferences of the Association in any part of Canada."

(7) Immediately following Article 18, a new article should be incorporated in the By-laws, setting forth the composition and functions of the Advisory Council. This new article might read as follows:

ADVISORY COUNCIL

"The Advisory Council of the Canadian Public Health Association shall include the members of the Executive Committee and

two representatives from each nationally organized agency chiefly engaged in any phase of public health work in Canada. The object of this Advisory Council is to serve as a clearing house and co-ordinating centre in those fields where common functions are performed and its activities will be carried on through an Executive Officer with the aid of special committees."

(8) Article 22. Should be revised to read:

SECTIONS

"Activities in any particular field of preventive medicine or public health will be inaugurated under the auspices of the Advisory Council rather than under special sections."

(9) Article 26. An increase in the annual fee to $5.00 is an immediate and urgent need.

The revised article should read: "The annual fee shall be $5 for active and associate members, due and payable on election, and annually in advance during the month of September in each year thereafter. Any active or associate member in default of dues on the 31st of December in each year shall cease to be a member."

In presenting this report to the President and Members of the Association, the joint Secretary-Treasurers of the Committee on Policy and Programme beg leave to call attention to the following facts:

(1) The Canadian Public Health Association includes a large part of the leadership upon which the success of any plan of co-operative effort must depend.

(2) The existing situation is characterized by confusion, overlapping, duplication, rivalry, waste of energy and money.

(3) No further effort may be made toward the realization of the proposals herein set forth until:

(*a*) This report is acted upon by the Canadian Public Health Association.

(*b*) Those sections of interest to the other national voluntary organization are presented to them and some definite action on their part is taken.

Respectfully submitted,

(Signed) W. J. BELL

(Signed) B. L. WYATT

Joint Secretary-Treasurers, Policy and Programme Committee.

November 17th, 1922.

Statistics Comparing Cancer With Tuberculosis in the City of Saskatoon, Sask.

SOME statistics of the deaths from cancer compared with those from tuberculosis.

For 1922 the following items show a greater number of deaths from cancer than from tuberculosis:

	Cancer	*Tuberculosis*	*Excess*
Registration area of Canada	5,118	4,741	277
Province of Saskatchewan	349	342	7
Saskatoon	21	16	5

For the Province of Saskatchewan it would appear as if this had not always been the case:

Year	*Tuberculosis*	*Cancer*	*Excess*
1917	295	203	92
1918	399	203	96
1919	278	241	37
1920	348	254	94
1921	322*	309*	13
1922	342*	349*	7

*The annual report of the Bureau of Statistics of the Federal Department gives for 1921 deaths from tuberculosis 322 and from cancer 309, while the annual report of the Department of Health for the Province of Saskatchewan gives 311 deaths from tuberculosis for 1921 and from cancer 301, while for 1922 for tuberculosis 314 and for cancer 334.

Saskatchewan has the lowest death rate per 100,000 population from both cancer and all forms of tuberculosis of any province in the registration area of Canada:

Causes of death	1922							
	P.E.I.	N.S.	N.B.	Ont.	Man.	Sask.	Alta.	B.C.
Tuberculosis of lungs	110	106	90	55	49	33	40	77
Tuberculosis other organs	17	25	16	12	11	11	11	17
Cancer	97	102	82	88	71	44	53	83

Saskatchewan has also the lowest proportion per 1,000 deaths:

Causes of Death		P.E.I.	N.S.	N.B.	Ont.	Man.	Sask.	Alta.	B.C.
Tuberculosis of lungs	1922	95	86.2	77.7	48.5	53.9	42.6	48	86.3
	1921	98.8	92.6	75.6	50.9	57.3	46.9	54.2	75.9
Tuberculosis, other organs	1922	14.7	20.4	13.8	10.4	12.1	14.3	13.1	18.6
	1921	14.1	19.7	15.2	10.4	21.6	12.1	11.1	22.1
Cancer	1922	84.2	82.6	70.5	77.6	78.3	58.1	63.1	92.1
	1921	67.9	76.8	61.3	76.1	80.3	56.6	58.6	93.2

Saskatchewan's specific death rate for both tuberculosis and cancer being the lowest in the registration area of Canada would suggest that probably whatever factor or factors responsible for the low cancer rate would also be responsible for the low tuberculosis rate, but when a comparison is made, as the above, for a number of years and it was found in 1917 there were 92 more deaths from tuberculosis than cancer and in 1922 there were 7 less deaths from tuberculosis than cancer, it would indicate that the measures taken for the control of tuberculosis were having a decided effect in this Province or that cancer was very much on the increase.

In Saskatoon for the past four years there have been more deaths from cancer than all forms of tuberculosis:

Year	*Cancer*	*Tuberculosis*	*Excess*
1920	23	25	2
1921	30	24	6
1922	21	16	5
1923	22	19	3
1924	21	13	8
	117	97	20

More cases of tuberculosis are treated and more patients suffering with cancer operated upon in the city from outside points than there are among the citizens:

Year	*Cancer*		*Tuberculosis*	
	City	Rural	City	Rural
1920	10	10	13	12
1921	13	17	15	9
1922	9	12	7	9
1923	9	13	6	13
1924	10	11	4	9
	51	66	45	52

The average age at death from all forms of tuberculosis and cancer in Saskatoon was:

Year	*Tuberculosis*		*Cancer*	
	City	Rural	City	Rural
1923	Years 36.5	25.8	Years 58.7	49.2
1924	" 23.2	30.5	" 60.9	53.4

The youngest citizen to die from tuberculosis for the past two years (1923 and 1924) was 19 years of age, and the oldest was 42. No children from the city have died from this disease. The Department of Agriculture, Dominion Government, have, for the past ten years, tested all Saskatoon's dairy cows for tuberculosis and slaughtered all reactors. We believe that public health measure is now having an effect.

From districts outside the city there were, for the same two years, five deaths in children whose ages were 2, 5, 8, 10 and 13 years.

The average age for all deaths for country and city from tuberculosis in 1923 was 29 years, and in 1924 was 28.3.

The youngest person to die from cancer was 24 years and the oldest was 78 years. The average age for all deaths from country and city for cancer in 1923 was 53.1 and in 1924 56.9.

Tuberculosis affects early adult life, and cancer is a disease of middle and old age.

Cancer

	1923		1924	
Nationality	*Average No.*	*Length of time in Canada*	*Average No.*	*Length of time in Canada*
Canadian	7	..	6	..
British	8	19.2 years	9	30.5 years
Americans	1	23 years	0	..
Others	6	11.8 years	6	19.8 years
	22		21	

Tuberculosis

Nationality	*Average No.*	*Length of time in Canada*	*Average No.*	*Length of time in Canada*
Canadian	10	..	9	..
British	4	22.3 years	2	8 years
Americans	2	15.5 years	2	18 years
Others	3	17 years	0	..
	19		13	

From above figures in both tuberculosis and cancer all the immigrants had been in Canada for a number of years and would therefore appear to have developed these diseases here and were not admitted in the early or incipient stage.

More females than males were affected for the two years in the city for both diseases than in the country.

In 1923 all persons dying from cancer were married except 3 and in 1924 all were married except one, but in tuberculosis for both years more persons were single than married. This is what one would expect, tuberculosis affects the young persons frequently before marriage.

In 1923 for all forms of tuberculosis only 3 out of 19 were operated upon, and in 1924 one out of 13. Operations are not quite so popular for tuberculosis as they once were.

For cancer in 1923, 11 out of 22 cases were operated upon, and in 1924, 14 out of 21 were operated upon; that is, for the 2 years there were 43 cancer deaths reported and of these 25 had been operated upon and 17 were, for some reason, not operated upon. Possibly they were

too far advanced. Probably the whole 43 could have been saved had the patients had an early diagnosis and operation.

Tuberculosis

Location of Lesion

	Pulmonary	Intestinal	General	Meningitis	T.B. of joints
1923	12	2	2	2	1
1924	9	2	1	1	

Cancer

	Digestive	Reproductive	Bone	Lung	Kidney	?
1923	14	6	1	1		
1924	14	5			1	1

Out of the total number of 43 cancer deaths for the two years, 15 were cancer of the stomach, and out of 32 cases of tuberculosis 21 were pulmonary.

Both cancer and tuberculosis are chronic diseases. They have an insidious and painless onset and are difficult to recognize in the incipient stage. The control of both diseases depends upon the patients being educated to seek an early physical examination and remain under the cure and treatment of their physician. If, for no other reason than the effort to save at least some of the 9,859 deaths from tuberculosis and cancer in Canada, health departments should endeavour to keep before the people the importance of annual physical examinations for every one.

The Purity of Drugs*

V. E. Henderson

Chairman, Committee on Pharmacy, Canadian Medical Association

OVER two years ago a deputation of the Canadian Medical Association approached the Minister of Health in regard to the necessity of our insuring some method by which the public and the physician could be assured that certain drugs of great importance in the treatment of disease should be duly potent. The drugs to which I particularly refer are arsphenamine and its derivatives, digitalis, pituitary, adrenaline, and possibly thyroid and ergot. It was pointed out that the potency of these drugs could only be ascertained by a biological or physiological standardization. The British Pharmacopoeia did not provide any such standards. In the United States such standards were advised but were not mandatory, but owing to the number of physicians and pharmacologists interested in the matter the American manufacturer was forced to attempt such standardization. It may be noted that we have reason to believe that the next revision of the American Pharmacopoeia which will probably come into force in about a year will make these requirements mandatory.

It was further pointed out that arsphenamine and its derivatives were standardized by the government at Washington and that no sample could be sold in the United States without its having been passed upon by the government. When sold the package bore an indication to this effect and also a serial number from Washington which served for its identification. It was further pointed out to the government that it would be an advantage to Canadian manufacturers that the standardization of all such remedies should be undertaken in Ottawa, as at present they were unable to face the necessary expense to provide individually for the satisfactory peformance of these tests.

The principle herein proposed has necessarily not been accepted as yet by the government, but its advantage is evident when one considers that the results of examinations of the ordinary galenicals prepared by manufacturers which can be standardized chemically show wide variations in strength, and a large percentage of deficient preparations and that as yet there has been no great evidence of improvement. This statement is based upon the bulletins that formerly were published by the

*Delivered at the conference on the Medical Services of Canada, Ottawa, December, 1924.

Department of Health and the bulletins have been discontinued. I quite admit that this may be an advantageous policy were one in possession of the information at the disposal of the department, but I wish to direct your attention to the fact that at present the medical profession has no information whatever of the results of recent examinations. I have reason to believe that many of the tablets of acetyl-salicylic acid are very far from containing the stated amount of this substance, and I indeed doubt, based on one examination, whether in a particular case the tablet examined contained any acetyl-salicylic acid whatever.

Your committee was glad to learn at that time that the department of health, owing to the foresight and interest of the deputy minister, had taken steps to provide the money necessary for securing a pharmacologist who would undertake this work. In spite of considerable difficulties such a man has finally been secured and a laboratory provided for his use, but the mills of the gods grind slowly and one feels at times as though those of the government are equally tardy. The time may come when it will be necessary, if we are to secure this boon of purified, standard drugs of the type I have mentioned, that further pressure must be put upon the government. It therefore behooves us to make a thorough study of the question in all its bearings and be prepared to express a considered judgment. That is the first and perhaps the main object of the committee on pharmacy.

The committee on pharmacy has, however, to face another problem, namely, the increasing use of patent and proprietary medicines. I greatly regret the extent to which this is furthered by the actions of many physicians who continually prescribe manufactured mixtures. When they do so they have no opportunity of varying the dose in accordance with the needs of the case and they rarely realize or understand the composition of the mixtures used. One finds for example, a great sale for a proprietary remedy which contains as its three main constituents, drugs which were applied years ago by that great school of quacks known as the eclectics. Two out of the three were never recognized, even by the American Pharmacopoeia, generous though the latter has been, and the one, which at one time was accepted, was deleted many years ago. I am certain that a physician having this information at his disposal would hesitate to use such a remedy, nor does he realize that in many cases the manufacturer, in order to protect himself against the risks of poisoning, by patients taking unduly large doses, has frequently decreased the amount of potent constituents to such an extent that they have very little therapeutic value.

In connection with my university work I had occasion to examine prescriptions put up by some of my students in drug stores and hospitals

throughout the country. I found a very large percentage of such prescriptions contained proprietary medicines. Some of my students found it impossible to put up forty prescriptions in a drug store in a reasonable time because they knew that I refused to consider as the dispensing of a prescription merely the transference of a proprietary from one bottle to another. The occurrence of prescriptions such as Frosst's 127 was exceedingly common. I am sure that in many of these cases the physician was undermining the confidence of the patient in his ability to prescribe and increasing the patient's confidence in proprietary and patent medicines. The result has been serious because it has led to a greater tendency for patients to avoid the doctor and consequently for him not to see disease in its early stages, when treatment of real value could best be undertaken. It has been a great detriment also to our colleagues, the druggists, and has done much to make their position impossible.

It is unfortunate that in this country we have no method by which the physician can be informed of the composition and value of proprietary and patent medicines. I can understand why the government finds it impossible to disclose the information that it obtains in regard to the composition of such remedies and the reasons why certain of them are rejected. It is impossible for any person such as myself who obtains by analysis information of their composition or of the potency of such drugs as those, requiring a physiological standardization, to make it public, save through some official body who will stand by them and take the brunt of any attack. For example, I have had occasion to examine a pituitary extract which is only 1/30 to 1/25 of what I believe we all consider a useful therapeutic strength. Yet I feel that we are not in a position as yet to publish the name of the manufacturer in question. We gain from time to time some information about certain patent medicines, yet we have no means by which this can be put before the profession.

Further, I understand that the acceptance of the formula of a patent and proprietary medicine and a license to sell the same does not necessarily guarantee that the amounts, or even the substances contained therein, are constant. Surely the situation is such as to lead one to put little faith in such preparations. I noticed that recently a well-known proprietary mixture which has been sold for some years in Canada and the United States has been put on the English market, and that its formula published in English journals was not that formerly given in Canada and the United States. One essential ingredient had been changed.

I would therefore appeal to the profession which is so deeply interested in the welfare of the public to give this matter earnest thought and consider how ways and means can be undertaken to improve the situation so that we may protect ourselves and our patients.

Milk and Dairy Inspection

Presented at the 63rd Annual Meeting of The American Veterinary Medical Association, Des Moines, Iowa, by

J. B. HOLLINGSWORTH

Inspector of Foods, Ottawa, Ont., Canada

THE vital importance of the care and scientific inspection of milk and dairy products and of the conditions under which they are produced is such, that no local Board of Health is complete nor can it afford to be without a trained Veterinarian as a member. My reason for making this statement is, because the food supply of the community comes under the supervision of the Local Board and the quality of the food supply is of paramount importance. The Veterinarian deals with this supply at it source, being a man scientifically trained as to the care and health of animals and as to the conditions under which they may best be treated, with an eye to sanitary results. The old days when meats for human consumption were peddled everywhere without any safeguards for the consumer are gone, and people are aghast now to think of the risks that were run. Risks there were, of course, but as meat is not, at least as a general rule, eaten raw, the thought of these risks enhance the importance of the subject I have in mind—the importance of a sanitary and safe milk supply; for milk would be used in its raw state with results disastrous to our people were it not for the care and supervision of men trained for such purpose, who realize that eternal vigilence is the price of safety.

The task of ensuring a sanitary milk supply for even a moderately large town or city is a very difficult one, inasmuch as old customs and prejudices die hard. The dairyman does not realize that many of the diseases which were in former years looked upon as unavoidable visitations of Providence, are now known to be preventable by the adoption of proper precautions in handling food products. Therefore, all cows furnishing milk for human consumption should be free from disease, comfortably housed in clean hygienic stables, regularly and properly fed, supplied with pure uncontaminated water, kept scrupulously clean, kindly treated and milked under the most sanitary conditions.

In 1907, as a result of public agitation, aided materially by the press,

the City of Ottawa municipal authorities undertook the improvement of its general milk supply. On the fourth day of May, 1908, a by-law was passed, which stands to-day, I believe, the most complete and effective by-law of any Ontario city. The outstanding features are the licensing of both the retail dealer and the dairyman on the farm, and the appointment of a Veterinarian to make regular inspections on the farms, as well as in the city. It also prohibits the sale of milk or cream sold raw, unless the cattle have successfully passed the tuberculin test. The tuberculin testings of our dairy herds are under the supervision of the Veterinary Director General. The Federal Government pays compensation for all reacting cattle slaughtered under the Municipal Tuberculosis Order. The compensation received is $40.00 for grade cow and $100.00 for pure bred with salvage. We have in this way been able to clean up all our dairies supplying raw milk, and over 50% of our producers supplying pasteurizing plants have applied and have had their herds tested and reactors removed, as they realize fully from an economic standpoint its pays to keep the herd healthy, to say nothing of the protection of their families.

The possibility of transmitting tuberculosis of cattle to the human being is now well accepted and the safeguarding of the milk supply in this respect is a necessity, for perhaps the greatest number of cases of tuberculosis are developed in childhood when susceptibility is far greater, and during a period when milk bulks large as an article of diet, with so much overwhelming evidence of the dangers of the transmission of disease through milk, we have the problem confronting Health Departments of how most efficiently to remove these dangers.

The united opinions of those who have for years been carefully studying the relation of bovine diseases to a sanitary milk supply is that all milk should be scientifically pasteurized save that which comes from tuberculin tested cows, and even that would be safer if pasteurized, but no municipality should countenance the pasteurization of milk from an unknown source or quality. All pasteurizing plants should be under the control of the Health Department and should bear their endorsation.

Milk production is a business proposition. Like other business propositions it must be carefully studied. In the dairy business the main machine is the cow. Points of merit by which production may be anticipated are known to all of you. The knowledge of these points does not go far enough. They must be supplemented by actual performance, which means that the successful producing dairy herd is one that records the performance of each animal, not periodically, but continually. By this method a comparative record is available, profit is distinguished from loss and boarders are not permitted to consume the profits and occupy valuable space. With a profit being assured from the operation of the

dairy conducted along hard and fast business lines, the improvement along sanitary lines is an advantage in making the work more healthful and interesting.

To recapitulate, my theme in the foregoing has been to create a better conception of the means for improvement of the dairy industry as it is here that the dairy inspector is of greatest value, being able to impress upon the producer the importance of a healthy herd and proper farm sanitation, showing himself as an interested instructor rather than a police officer.

The marked change of attitude on the part of the producer towards the official is a fact within the experience of all men officially connected with the important work of safeguarding a city's milk supply.

The intimate connection between the purity of the milk supply and the health of the people dependent on it as an article of food I have already touched on, but I would crave your indulgence in allowing me to emphasize the educational value of our work. In the olden days, to the ordinary farmer a cow was merely an animal to be regarded with no particular interest so long as she supplied milk, the quantity or quality of which was to be regarded largely as a matter of chance. To-day, if I may be permitted to refer to the district surrounding the City of Ottawa, with with I am personally familiar, the individual cow has become an entity in herself. Our producers have become to a degree at any rate scientists and specialists, and each cow stands or falls on her own merits. Her health, her pasture, her winter quarters, her milk producing qualities, her intimate relation to the health of the public at large, are at least in general terms understood by her owners as matters worthy of special study and consideration, and I may safely say that the officials guarding the city's milk supply are looked upon by the producers not as foes or spies, but as allies and friends. I take it that our object is not to destroy the producers' herds, because they are diseased, but to educate him to protect them against disease and so to perform our initial duty, namely, to protect the public health. To the average producer, the object in keeping cows is to make money out of them. We are, to use a popular term, the efficiency experts, aiming at not only aiding him in his perfectly proper idea, but also as specialists educating him along scientific lines in the production of a sanitary milk supply.

The best asset a nation has or can have is its children, and as from the physical viewpoint the unquestioned deteriorating influence of civilization lessens the human milk supply, the increasing value of our work is improving the food on which the infant must subsist grows even greater.

Those who guard the food of the nation's babes, who give study and care and time, who spend themselves often enough under difficult cir-

cumstances in educating our milk producers as to the infinite value of the quality of the food they supply to the nation's children, have, at any rate, if I may voice my own opinion, a vocation and a work which is worth a man's while. Education along any line is always a matter of time but if, as the result of a society's work or a man's life work, there has been the improvement of chances for the children's health by the elimination of any of the evils which attack the citadel of their health and of their life the effort, to say the least, has been worth the expenditure of the best that is in any man. We all realize, you in your great Republic, I and others in our great Dominion, the relation of the milk supply to the public health, and gentlemen, if I seem to dwell somewhat at length on this particular phase of our work, I do not apologize, for to me as to you, the crux of the matter lies here; the longer a man deals with vital issues as regards the welfare of his fellows, the more naturally does he subordinate personal interests to the ideal of service, else will he naturally not serve at all. We who serve the public weal as best we can are ranged with those who fight the battle against physical suffering and the diseases that fret the flesh of man.

Individually it is perhaps not much that we can do, but as an Association of scientifically trained and keenly interested workers we can do something at any rate, be it great or small, for the improvement of conditions. If at times we seem to make little progress, yet it is something to serve, and if we can in any degree lesson the toll of lives of the slain, of the children of the daughters of our people we will lessen in some degree—

> "The fierce confederate storm of sorrow, barricaded
> evermore within the walls of cities."

Essentials of an Educational Programme for the Child

A paper read to the All-Toronto Social Welfare Conference, May, 1925, by A. D. Hardie, M.A., of the Division of Education, Canadian Social Hygiene Council.

I AM grateful for this opportunity of placing before a large body of social workers some of the facts of Social Hygiene and some of the ideals towards which the newly-formed Division of Education of the Social Hygiene Council is directing its thoughts.

Of the making of many societies there is no end. The Social Hygiene Council was born several years ago, has reached a stage in life when it is well able to walk, is showing considerable restless activity, and is acquiring the gang spirit on account of which there is a special pleasure in meeting this representative group to-day. And rather than that you should think of the Social Hygiene Council as one more organization striving to do useful social work, I should like to suggest that you and we are all co-operating in a great movement for the welfare of the people of Canada, a movement in which the Social Hygiene Council can help in one way by collating the Social Hygiene work which is already being done, whether under that name or another, by your organizations and by suggesting further ways of promoting the end we have in view.

What is that end? And what is Social Hygiene? Social Hygiene is the art of applying the co-ordinated knowledge which may be built up concerning human beings and the means whereby as individuals and as a race their greatest possibilities, physical, mental and moral, may be developed both in this and future generations, and whereby their social relationships may be so organized as to preserve their greatest efficiency and happiness. The end we have in view is better health, greater happiness as the result of right living, and the prolongation of human life.

It appears to me that the work of Social Hygiene is divided into three main parts, medical, social, and educational. The doctors have never ceased to fight hard against disease, and as time has gone on have made more and more progress towards successful cure and prevention. On the financial side alone, prevention of disease means enormous saving in the cost of hospitals, mothers' allowances, etc. Thanks to the doctors' efforts, the world is progressing towards good health and a lengthened span of life.

But I want to-day to call attention to the educational side of our work. Man lives his life only once, and muddles through as best he can, making many a mistake. We teach children the three R's, but we have not educated them in all that goes towards right, efficient and happy living. In recent years much has been done, and done splendidly, in this direction by schools, churches, and social organizations, but only now are we waking to the need of treating this matter of right living in a scientific way. This is a new and necessary development of social work, and this conference is a result of the realization of that necessity.

Can we not produce a better, more efficient, and happier race? It can be done, but will be done slowly. If one generation of parents can be fully educated in all that Social Hygiene means, and the advantages that accrue from its teachings and practice, the succeeding generation will be an improved race.

Social Hygiene on its educational side means the training of children and young people in every part of their nature and its developing needs. This includes not only the acquisition of knowledge but training in religion, recreation, and health, and therefore is the concern of teacher, minister, and doctor, as well as parent. But let me very emphatically say that the most important educator in Social Hygiene is the parent, who is an unchanging factor, and on whose influence mainly depends the character of the child. Teacher, minister, and doctor are very valuable allies, but they are only allies.

The business of the teacher is to see that the boy and girl at fourteen or later go forth into the world as well equipped for life's work mentally, morally and physically as their age and ability allow. The personality of the teacher is all-important; more valuable than the matter taught is the training in good habits, self-control, the right use of leisure, etc.

The minister's part is no less required. Religion in its proper sense is a binding to something that will hold, and every man, to live his life well, requires some religion, something that will bind him and prevent him from going astray. The church, as all else, must keep up-to-date and be prepared for changes that inevitably are taking place in every live society. For example, the church has realized the value of recreation, and no longer confines its activities to two services and Sunday School on the first day of the week. Church buildings are a hive of industry every evening. In this the church is very wise, for in these days, when young people neither read nor think, religion must take on a new form, and the religion of many a youth is that of physical fitness, a determination to keep himself trained that he may not let down his side when they engage in friendly combat. I believe the church could make more use at the present time of this admirable characteristic of youth. A United States

authority has said that for the next ten years the whole emphasis of education should be placed on health training.

The doctor's part too is a great one, for without health we can accomplish little. The doctor, that is the general practitioner, suffers under a disadvantage that, unlike minister or teacher, his direct influence is apt to be seen only when the subject is in bad health. But the doctor too can join teacher and minister in emphasizing, among other things, the value of a fit body as the material basis on which to build a good, efficient and happy life.

The parents will be glad to be supported by all these helpers, but must themselves take the leading part, both by example and precept, in the whole education of their young. At this present stage in the world's history one of the most striking features of home life is the comradeship between parent and child; the stern parent of fifty years ago has given place to the boy's companion of to-day.

Perhaps there is no subject which has been treated so frequently in every periodical of recent years as that of the right use of leisure. The schools are realizing more and more that classroom work is not everything, and churches have done immense work in this direction, much of it being made necessary by the failure of the home to do its share. One recent writer points out that hours of work become shorter, and work itself more mechanical, and hours of leisure become correspondingly longer and more important. Character is formed in hours of leisure as much, at least, as in those of work.

It is my duty this afternoon to address you mainly on the Essentials of an Educational Programme in Social Hygiene for the child—too great a task, and one which can be dealt with only in outline in this short time. Let me recommend a study of "Sex and Social Health", by T. W. Galloway, after reading which this paper was prepared.

We may describe the first five years of life as the Home period, or period of babyhood. It is in many respects the most important period of life, especially in the matter of habit formation. "The beginning is half the battle", says the English version of an old Greek proverb; wise educators were the Greeks, and we can learn much from their system of dealing with their children.

It is during this period that mental and social dispositions, tastes, character, habits, etc., are formed. This is not generally recognized, because so much is done unconsciously. But there must be a conscious effort by the parent in character training at the same time.. It is not too early for the young member of the family to have a share in home duties, for example, the carrying of spoons and forks and dishes from the table, even at the risk of broken crockery. We all need rewards or satisfactions.

There is always more satisfaction to be gained from activity than from idleness, and the practice of little household duties will help to weaken the strength of selfish tastes, which are naturally great, and to strengthen a desire to be socially helpful. And the practice of these duties, as well as other character training received, will help children to become normal and self-controlled, and if they are to be normal and self-controlled, their home environment must be the same. Those of you who saw "The Freedom of Jean Guichet" last month at Hart House will recollect a home in which the relationships were far from ideal.

In this period sex hygiene is largely a matter of the care and the health of the person, but a very proper curiosity about the beginning of life may show itself even as early as four. It is especially the mother's part to reply to such questions from the child, and it is a duty to reply, and to reply truthfully, telling just as much as the child can understand. For those of you who are interested in this special side of education, I strongly recommend you to read "The Cradle Ship", by Edith Howes. The home can deal with the matter as it arises, deal with it individually, establish personal frankness between parent and child, encourage further reference to the subject as there is need. The school cannot deal with it at the first critical moment, nor continue its education smoothly and under the same instruction and under frank conditions. Dealt with at school, the sex problems, already occupying too big a place in the thoughts, become too prominent; at home sex training can take a secondary place in general character-training. Again, what a child feels most deeply he will not discuss aloud; dealt with at home it becomes a secret. A school lesson will not leave a deep feeling, and will cause discussion among immature boys and girls.

The home instruction must be given in good time, that is, before impressions come from outside. It is the first impression that counts. And remember that at a certain point a child's intelligence is ahead of his physical development, and his intelligent curiosity must be satisfied—well or badly.

We all know that a very great number of the social troubles that arise later in life are due to the silence, I would almost say aloofness, of most parents of a past generation. I do not mean only the big tragedies of the divorce court, the police court, and such like, but the smaller and less heard of troubles, such as late marriages, unsuitable marriages, etc. Nor is it sufficient for a father to have one talk with his son at the age of fifteen about right living; it is a subject that needs constant teaching from early childhood up to marriage and after. The result of the parent's realizing his and her responsibility and dealing with the matter early should be two-fold; it makes possible a free and frank discussion as occasion arises for

the growing boy and girl, and it treats the matter as a family business which should not be chattered about outside the home. The family is the fundamental social unit.

I come now to the second stage of life, from five to twelve. The home still remains the fundamental institution, although the school claims a great deal of the child's time. Habits are still being formed, and happy is the family in which those habits are good ones. In a new book entitled "Smiths of a Better Quality", which is well worth reading, the point is emphasized that it is as easy to train in good habits as in bad.

At this period the boy and girl are meeting other children and being received in other homes. Their own character is being tested by such contact, and they themselves are keen to compare the merits of their own home and others. The gang instinct awakens; the boy must have a group of boys as his chums, and to a less extent the girl prefers girls. The boy becomes a hero worshipper, and the older people whom he meets —relatives, teachers, etc.—can have very great influence. Let parental education be positive. Avoid the habit of saying don't, for a time will come when the boy and girl will rightly claim a certain amount of freedom to do as they think best. Let elders, therefore, be truly helpful to children, aiding in enriching the stock of knowledge and in forming tastes and interests and ideals and in fixing right habits of act and thought.

Of special importance is guidance in the use of leisure time and in the formation of proper companionships and in supervision of those companionships.

The school can help the home in social hygiene education by its general lessons in health and by lessons in nature study, botany, etc. But the Public School should give no direct teaching in sex hygiene, for it cannot be efficiently done in groups, and it is particularly the task of the home.

We next come to a very important period in the life of the growing boy or girl, say twelve to fourteen. The ages cannot be stated accurately, and are younger in the case of girls. Profound changes are taking place in the bodies and minds of children, but the educator, parent or other, must not make any sudden or complete change of emphasis or method in education. The approach must be different, for the child is becoming a youth.

With the critical bodily changes come profound emotional changes accompanied by sex consciousness. During these and the following years it is very important that parents should be alive to the changes that are taking place, that they should have a sound idea of right companionship for their boys and girls, especially companionship with the opposite

sex. I could quote cases where marriage has been unduly delayed, if not actually prevented, by the thoughtlessness of parents who have laughed at their children's love affairs, and I could quote others where a parent's wisdom has steered a son safely through these times of emotional trouble to the haven of an early and happy marriage. This is a period when patience, sympathy, and understanding of parents and older friends are most of all necessary. The time has now come in the life of the family when the home should be changed to some extent from a place where every consideration is given to the parents' comfort and happiness to a place where the adolescent is becoming increasingly important. This is of course difficult, and must be carried through in a quite unnoticed way. The son and daughter are no longer content to do as they are told, but very naturally begin to question the statements and demands of their parents. It is much more important that the youth should feel that his parents are just and loving than that he should merely think of them as people to be obeyed. The advantage of treating the youth as one with whom a matter can be freely discussed is that the problem under discussion, whatever it may be, can be left an open question. A demand for obedience, on the other hand, implies that the speaker is absolutely right.

The interests of the youth should be as wide as possible; he should play all games, read many books, enjoy good music and pictures, devote himself to his hobbies, etc. The youth wants to be manly or womanly, and is embarking on the enterprise of becoming a man or a woman; older friends can do much to inspire youth to a true and full manhood and womanhood.

In all that I have said I have endeavoured to bear in mind its relation with the sex education of the child and youth, a definite matter which cannot be treated fully to-day. If the parent has realized his responsibility and done his duty by early teaching and by continuous teaching as need has arisen, the phenomena of sex will remain in the youth's mind as a matter for respect and wonder and reverence, and not as a subject for vulgar jokes, as is so often the case. The boy and girl, properly educated, will form ideals, will look forward, in a childish way at first, to the duty and happiness of home-making, and will begin to realize their personal and social value as citizens. The best chance of living an efficient and happy life will belong to the youth who, through the loving guidance of good parents and co-operation of teachers and others, has developed an ethical responsibility, is able reasonably well to choose between right and wrong, and not only where his own welfare and happiness are concerned, but with regard to his relationship to those with whom he most closely comes into contact and to the community at large.

One of the tasks of Social Hygiene, therefore, is to find the means of giving to children a more scientific and thorough training in how to live than those of past generations have received. I hope I have not given too much emphasis to my belief that this training shall be given mainly in the home. Parents are already absolved too much from responsibility. I know I may be told that the parent is incapable of administering such training, to which I reply that that is true of the teacher also, and that the parents themselves must be trained to give necessary instruction to their children. This is the particular piece of work to which the Division of Education of the Social Hygiene Council is at present applying itself. It is necessary also that teachers should receive Social Hygiene instruction in the Normal School, for, as has been said, they are allies of the parent and in the school are sure from time to time to come up against a Social Hygiene problem.

In conclusion, let me express the hope that your societies and mine will have many opportunities of working together for the good of the community.

Post-Graduate Medical Education in Canada*

By Geo. S. Young, B.A., M.B.

Toronto

AT the present time medical post-graduate work in Canada is being carried on in two ways:—

1. By what may be called intra-mural courses, conducted within the teaching centres.

2. By extra-mural, or so-called extension lectures and clinics.

Intra-mural Courses.—Of the former some lead to a degree, and with one or two exceptions are intended to develop specialists. At least five of the Canadian universities give courses, lasting a little less than a year, in public health for the degree D.P.H. One grants the degree of Master of Science after a year of "residence as a graduate student" and an approved "thesis embodying the results of original investigation". Another grants a D.Sc. two years after graduation for original work after examination and an approved thesis. One at least gives a diploma in radiology after an eight months' course. Two schools give post-graduate degrees in surgery and one in medicine, after courses lasting from two to three years.

For those of us who believe that no one should become a specialist until he has had experience in general practice the question naturally arises:

Is there any recognition of this principle in the planning of the courses mentioned? The answer is to some extent, yes. All the courses in public health are open to the general practitioner. One university goes so far (in the right direction) as to require a year in general practice before entrance. This is a wise provision. The man who intends to devote his life to public health work should at the very outset, by personal experience, acquire the viewpoints of the public and of the family physician, It is with them that his future career lies.

Of the remaining courses leading directly to specialism, one in surgery rather effectually shuts the door on the great majority of general practitioners, since it demands a year of internship on a rotating service in hospital as an entrance requirement. The other post-graduate course in surgery, and also the one in medicine, both admit the general practitioner, but the selection of students for these courses does not favour the man who has been in general practice.

*Read at the Annual Conference of Medical Services, Ottawa, December 10th and 11th, 1924.

It will be noted that the schools in Canada have made a fair beginning in the training of specialists. The task is not an easy one. To carry on post-graduate work concurrently with undergraduate teaching is a tax on the staff, and on the resources, and the clinical material of the universities. Perhaps that is the reason why it is easier to accept or select as post-graduate students those who have just finished their undergraduate course. They fit in better with the established order of things. One cannot escape the fear, however, that the trend of higher medical education in Canada, as in the United States, is toward the selection by the faculties of certain promising students whose future will be shaped in such a way that they will receive a long intensive training and will in time become the teachers of our colleges without any experience in general practice. If this policy should be carried too far it would close the door to the general practitioner for teaching positions. There would come a time when the future general practitioners would be taught entirely by men who had never had experience in general practice. This, surely would not be desirable. Not only should the door to post-graduate education be open wide to the general practitioner, but there should be a "Welcome" sign on the door. It is this "Welcome" sign that attracts nearly one hundred of our graduates to the United States every year, and too often the best of them do not come back.

In addition to the training of specialists, several universities give short or indeterminate courses for graduates. In one instance post-graduate lectures are given throughout the university session. In at least two schools advanced laboratory courses are given to recent graduates who wish to engage in research. One gives special courses in industrial hygiene and school hygiene. Two schools at least give the general practitioner an opportunity to spend as much time as he chooses in following up the undergraduate clinics during the college sessions. Several of the schools have short post-graduate courses annually open to all graduates in medicine. The announcement of one of these is so attractively phrased that I take the liberty of quoting it:

"The object is in nowise to train specialists in any branch of medicine or surgery, but to afford an annual opportunity to the general practitioner to witness with a minimum expenditure of time and energy the practical and clinical application of those methods of diagnosis and treatment which have come into use since his own graduation, or which on account of local conditions he may have hesitated to adopt in his own practice."

The difficulty of combining post-graduate and undergraduate work has suggested the idea of organizing separate post-graduate schools having their own teaching hospitals. Obviously, such a scheme could only be carried on in the large centres and would require university or private

financial backing, or both. It could utilize the university teachers who were nearing the age limit to the advantage perhaps of both university and teacher. In this connection I may quote a very valuable paragraph from a recent letter from Dr. Hattie of Halifax. He writes:

"I am strongly of the opinion that the Canadian colleges should co-operate in the endeavour to concentrate post-graduate teaching, where the greatest amount of clinical material is available, *and that exchange of teachers should be effected* when practicable, *in order to give a national colour to the courses.* It seems to me that with real effort we should be able to so organize post-graduate teaching that few of our men would feel it necessary to go across the line in order to get what they want in this particular."

I am sorry that Dr. Hattie is not present, but I may remark that he is a firm and ardent believer in a closer union of the provinces than confederation has yet brought about, and I do not think that one can over-emphasize the point he stresses. To proceed.

Post-graduate education in Canada: extra-mural work.—It is now some years since extension lectures in medicine were undertaken by Canadian universities. In Ontario up until June, 1921, these lectures were given on request, and beyond simple announcement no special effort was made to secure audiences. At this time the Ontario Medical Association entered the field as impresario and advertising agents. Briefly the plan adopted was as follows:

Lists of subjects and lecturers were submitted by all the universities, and in a few instances by medical societies. From these a schedule of over three hundred subjects was compiled and sent out to all the county medical societies in Ontario. The societies were asked to choose subjects on which they desired lectures and to notify the central office of the Ontario Medical Association. The names of the men who were prepared to lecture on these subjects were then sent to the societies and from them a choice was made, dates set and the details finally carried out through the central office. At first each society was given the privilege of having four lectures annually. This number was increased to six and finally to eight.

These lectures have been delivered without expense to the county societies. All travelling expenses and a small honorarium have been paid through the Ontario Medical Association. Fortunately, at an early stage of the movement, the leaders of the Ontario division of the Red Cross took an interest. They saw in it better medical service to the public and made a grant of $5,000 a year for three years. This has taken care of about two-thirds of the expense, while the balance has been paid by the Medical Association. As already stated the universities have borne the

chief part in the providing of lectures. The lecturers themselves have been willing at all times and have gone to almost every corner of the province. It was the business of the Ontario Medical Association to create the demand, and you will realize how successful its efforts have been when I tell you that in three and a half years 750 extension lectures have been given in the province.

You will notice that extra-mural work as it is being carried out in Ontario does not wait for the individual to apply but goes out to seek positions everywhere. It is an organized effort to influence educationally the whole medical profession. It is being conducted on a large scale and involves the expenditure of time and money. The doctors in Ontario ask that it be continued. The Canadian Medical Association would like to extend it from coast to coast. The American Medical Association has been keenly interested and proposes now to inaugurate a similar movement embracing every state of the union. One may well ask whether all this is worth while. The answer must take into account the effect of environment on those who practise medicine.

With a few notable exceptions the men who attain eminence in medicine are dwellers in cities, and yet a close acquaintance with the medical profession outside of the larger places will reveal here and there men of outstanding ability. They may not be able to discuss the scientific aspects of modern medicine; they may be ignorant of the more refined methods of diagnosis; but they can use the tools of knowledge which they have, with unerring precision. They have learned to use these tools under the drive of a personal responsibility to patients whose lives may depend on their judgment. But they have been hampered in their development by their environment. They have lacked the stimulus of daily contact with their fellow practitioners. They have had to learn from books rather than from men. They have missed that greatest of all incentives to reading, namely, association with students. Too often they have had to work without the aid of laboratory and too often they have gradually become skeptical as to its value as an aid in diagnosis.

Now the object of the extra-mural work already described is to organize or to stimulate into activity county medical societies, to bring together frequently groups of doctors living within reasonable distance of one another, to provide speakers who would not only give information in regard to the latest things in medicine, but who would bring a new interest and enthusiasm to the work of the rural practitioner. In other words, the aim has been to give him so far as possible the advantages which surround the doctors in the teaching centres.

It has been interesting to watch the development and results of this movement. Sometimes at first there was a good deal of local inertia and

the attendance at meetings was small. This was considered a strong reason for urging more meetings, and sooner or later out of the original failure there grew a strong and enthusiastic society. At first speakers reported that there was little or no discussion of their papers; local men were diffident about discussing questions which they were accustomed to approach from the standpoint of experience rather than of scientific knowledge. To-day discussion is generally free and the meetings are more profitable, not only to the local men but also to the visiting speakers.

It has been the aim of the Committee on Education of the Ontario Medical Association to have the programmes of the county society meetings supplied in part at least by local members, and this has been strongly urged from time to time. An effort has also been made to substitute clinics for lectures and papers wherever possible. Both of these objectives have been realized to some extent. Recently at a district meeting the excellent programme was almost entirely provided by men from the smaller places, and one comes away with the conviction that country and small town practice offers a rich field for clinical research.

After all, the ultimate test of the value of this intensive extra-mural work must be this: Is it for the public good? If through this educational influence on the whole medical profession it should lead here and there to earlier diagnosis and more effective treatment the public will gain. It is scarcely necessary to add that the doctor's income will not increase but rather diminish. If it makes the country more attractive to the recent graduate it will help to solve the serious problem of inadequate medical service in the outlying districts. If it should stimulate some men here and there to cultivate the hitherto scarcely touched fields for medical research in general practice, it might benefit not only our own Canadian people but the world at large. Extra-mural post-graduate education as carried on during the last three and one-half years costs money. If it is to be extended throughout Canada, it will mean an expenditure of $30,000 a year. It is a movement *for* the people. ***From where is the money going to come?***

Monthly Jottings of The Sanitary Inspectors' Association of Canada

Copy of resolutions passed by the Sanitary Inspectors' Association of Canada, at the Annual Convention, Fort William, Ont., September 3rd, 4th, 5th, 1924

SUBJECT—*The Better Promotion of Public Health in Rural Districts*

WHEREAS all cities and most of the large towns of Canada employ whole-time Health Officers and Sanitary Inspectors, and are thus able to properly protect the health and promote the longevity of their citizens.

AND WHEREAS it is found that in the smaller communities it is impossible for financial reasons to employ whole-time officials, and that such communities do not, therefore, enjoy the advantages of modern and progressive public health administration such as is enjoyed by the inhabitants of cities and towns.

It is, therefore, the opinion of this Association that the best interest of rural communities, and indeed of the citizens of Canada as a whole, would be best served by dividing the rural portions of each Province into Health Districts of a suitable size, and the appointment in and for each district so created of a whole-time properly qualified Health Officer and such a number of properly trained and certificated Sanitary Inspectors as may be needed to properly carry on public health work in such district.

We, therefore, request the Provincial Board of Health in each Province to fully consider this matter with a view of formulating a plan by which this desirable result may be obtained; and further, that having prepared such a plan, the Board will bring the scheme to the attention of the Legislature in the form of draft legislation.

It is further resolved that a copy of this resolution be sent to the Provincial Board of Health of each Province, where such a scheme is not already by law established.

Re Security of Tenure of Office for Health Officers and Sanitary Inspectors

WHEREAS in carrying out the provisions contained in the health laws of the various provinces, cities, and towns of Canada, Health Officers and Sanitary Inspectors should be in a position to act freely and impartially,

and without any fear of the consequences in so doing, it is desirable that they should have some security of tenure of office. We, therefore, recommend that there should be inserted in the Public Health Act of each of the Provinces of Canada, a section providing that no municipality shall dismiss any Health Officer or Sanitary Inspector except for good and sufficient reasons, and that any such officer dismissed shall have the right to appeal to the Provincial Board of Health of his province. If such Board, after hearing both the Municipality and the Officer so dismissed, shall decide that the dismissal was unjustified, they may require the Municipality to reinstate such officer to the position which he occupied and to the emoluments which he enjoyed previous to dismissal, including all salary from the time he was dismissed.

It is further resolved, that a copy of this resolution be sent to the Provincial Board of Health of each Province in the Dominion of Canada.

The term "Sanitary Inspector" used in the above resolution shall mean all assistants of the Health Officer, whether designated Sanitary, Plumbing, Health, Food, Dairy, or Communicable Disease Inspectors.

The above resolutions passed at our last Convention are being printed by request. The members will be pleased to learn that these have been well received by most of the Provincial Boards of Health.

There can surely be no doubt that these resolutions are quite reasonable and we therefore hope that some action will be taken by the various Boards of Health at an early date.

The sanitary inspection of lumber, mining, and other camps in the Province of Manitoba came under review recently in the Manitoba Legislature, and the Legislature gave instructions to the Provincial Board of Health that all such camps are to be properly located, constructed and supervised.

We regret to have to inform the members that Mr. H. S. Sturgess, of Vancouver, has been obliged to resign his membership and office. Mr. Sturgess left for England a few weeks ago where he has gone to fill an important executive position. Mr. Sturgess was a member of this Association for eleven years, and during the last few years was Branch President for B.C.

We are sorry indeed to have to report the passing of Dr. E. S. Bowman, who was Veterinary Inspector in the City of Winnipeg for a number of years. Dr. Bowman was a member of the Association for a number of years, and until recently was an enthusiastic supporter of our work.

The Provincial Board of Health of Ontario

COMMUNICABLE DISEASES REPORTED FOR THE PROVINCE FOR THE WEEKS ENDING APRIL 4th, 11th, 18th, 25th, 1925

COMPARATIVE TABLE

Diseases	Cases-Deaths 1925		Cases-Deaths 1924	
Cerebro-Spinal Meningitis	....	2	6	2
Chancroid	4	....	....	....
Chicken Pox	322	....	398	....
Diphtheria	182	16	188	20
Encephalitis Lathergica	4	3	9	6
Gonorrhoea	88	....	98	....
Influenza	160	36	....	14
German Measles	6	....	190	....
Measles	1643	2	3209	4
Mumps	848	....	1009	....
Pneumonia	....	203	....	232
Poliomyelitis	....	....	....	....
Scarlet Fever	603	8	691	12
Septic Sore Throat	15	....	8	1
Smallpox	12	....	49	3
Syphilis	119	....	118	....
Tuberculosis	142	83	180	93
Typhoid	26	2	34	7
Whooping Cough	352	10	140	4
Goitre	64	....	16	3

The following municipalities reported cases of smallpox:

Ottawa 1, Raglan Tp. 1, Fort Francis 1, Welland 7, Kenora 1.

JOHN W. S. MCCULLOUGH,

News Notes

The New Brunswick Medical Society meets at Campbellton, New Brunswick, this year. The last annual session was held in St. John; the move to the northern part of the Province this year favours the attendance of the physicians to the upper part of the province. The town of Campbellton is ideally equipped for such a convention; in addition there is no dearth of facilities for recreation and enjoyment, often a very valuable adjunct to the heavy deliberations of a Medical Council.

Indicentally it may be mentioned that a new phase of health effort has found a place on the programme of this Society. Social Hygiene and Venereal Disease Control in New Brunswick will be discussed. It is expected that a paper or address will be presented by a representative of the Canadian Social Hygiene Council, headquarters of which are in Toronto.

A perusal of the last report of the Chief Medical Officer of New Brunswick, Dr. G. G. Melvin, D.P.H., brings to our attention, among many other subjects of equal interest, the remarkable decrease in mortality from Diphtheria in that province. In the comparatively short period of four years the death rate has been more than cut to half. The Chief Officer remarks: "This is wholly due to a more widespread knowledge promulgated by the Department as to the necessity of prompt medical attendance in cases of 'sore throat', and the invariable prompt and liberal administration of antitoxin."

The annual meeting of the Canadian Public Health Association will be held in Montreal on June 8th and 9th. Headquarters and Meetings at the Mount Royal Hotel.

This convention follows the meeting of the State and Provincial Health Authorities Conference which is being held June 4th and 5th.

Arrangements for hotel accommodation should be made through Professor R. deL. French, McGill University.

Notes on Current Literature

From the Health Information Service, Canadian Red Cross Society,
410 Sherbourne St., Toronto

Sight Saving Work in Public Schools

A review of results accomplished by eyesight saving classes in Philadelphia. "Monthly Bulletin of the Department of Public Health of the City of Philadelphia", March 1925, page 18.

Child Management

A bulletin written for the United States Children's Bureau, by Dr. D. A. Thom, Director of the Habit Clinics of Boston. "Children's Bureau Publication" No. 143, United States Government.

Communicable Diseases in Schools

The British Ministry of Health and the Board of Education have issued a memorandum to school medical officers on administrative measures for the prevention of spread of communicable diseases among school children.

Cambridge Health Education Conference

Report of the Cambridge Health Education Conference called by the American Child Health Association, June, 1924.

Prevalence of Smallpox

The "Statistical Bulletin" of the Metropolitan Life Insurance Company for March, 1925, reviews the prevalence of smallpox in American cities and Canadian provinces during the year 1924. The combination of a more virulent type of smallpox and the large unvaccinated proportion of the population doubled in 1924 the number of cases recorded in each of the two preceding years.

Smallpox and Vaccination

A popular article by Dr. H. J. Lloyd, United States Public Health Service. "Public Health News", March, 1925, page 80.

Possibilities in the Control of Measles

By Dr. H. B. Costill, New Jersey State Department of Health. "Public Health News", April, 1925, page 116.

The Effect of the Anti-Tuberculosis Campaign

By John A. Kingsbury, Secretary, Milbank Memorial Fund, New York. "The World's Health", February, 1925, page 63.

Experimental Rickets

The British Medical Research Council has published a special report—No. 93—on the effect of cereals and their interaction with other factors of diet and environment in producing rickets. By Edward Mellanby.

Industrial Hygiene

A report of the Industrial Hygiene Section of the American Public Health Association dealing with the health promotion in small industrial plants. "American Journal of Public Health", April, 1925, page 299.

Industrial Hygiene

Industrial hygiene problems of interest to health officers. "Public Health News", April, 1925, page 126.

Public Health Publicity

"The Printers' Ink Monthly" for January, 1925, contains an article on the making of a good booklet page that will be of interest to those planning leaflets for Public Health propaganda.

The Training of Nurses

By Miss Alice FitzGerald, formerly Director of the Nursing Division of the League of Red Cross Societies. "The World's Health", February, 1925, page 58.

Book Reviews

"Smiths of a Better Quality", by Colonel George G. Nasmith, C.M.G., M.A., Ph.D., D.P.H., D.Sc. Toronto, Oxford University Press. pp. 138. $1.00.

This book is a singularly interesting piece of health propaganda, but not propaganda in the ordinary sense because the author weaves his teaching into the form of a story of interest so captivating that the reader follows and unconsciously absorbs sound teaching on the rearing of healthy children, and the contribution to be made by home and school to the development of habits of health in mind, body and character.

"Smiths of a Better Quality" was written for the National Council of Education of Canada, and is a real contribution to popular education in health.

"Dramatizing Child Health", by Grace T. Hallock. Cloth. $2.00. pp. 306. New York, American Child Health Association, 1925.

This new publication includes a chapter on the value of dramatization in education, the writing and production of health in plays and the method to be used in dramatizing stories and books. It also contains ten health plays, five dialogues, six songs with music, three pageant outlines and a very complete bibliography.

Editorial

"A SAFE MILK SUPPLY"

The question of a safe milk supply has, so to speak, once and for all been settled in most of the larger and in many of the smaller communities of Canada. There are still, however, a number of the larger municipalities grappling with the situation. There is, unfortunately, often opposition at hand, the reason for which it is invariably difficult to comprehend; this opposition frequently, too, remains active and vigorous for some time in those communities where safety measures have been adopted.

Milk is an exceedingly valuable food; in another respect it may be a decidedly dangerous food if not properly produced and handled. Under many circumstances, though not strictly a substitute for mother's milk, it may become a necessary food to the developing infant, and here, particularly, the dangerous aspects become a matter of supreme importance. Milk may contain ordinarily in addition to many harmless bacteria, varying numbers of bacteria capable of producing disease. These may be derived from the cow itself, but as often from its surroundings and from the persons of those engaged in the handling of the milk. Milk, a splendid medium for their growth, by virtue of its universal use, becomes a prolific vehicle for spread. Thus there may be conveyed bovine tuberculosis, septic sore throat, diphtheria, typhoid fever, diarrhoea and a number of other diseases.

For a period of time, prior to the more recently added control measures, milk supplies had been "checked up" in some fashion or other. Many of the means employed had aimed principally at maintaining cleanliness and a proper food content or at detecting fraudulent practices, such as watering, skimming and sophistication. These measures, though commendable in themselves, have no decided influence in the matter of rendering a milk supply a safe one. This properly is a question of presence or absence of pathogenic or disease-producing bacteria.

Admittedly, it is possible to provide a reasonably safe milk-supply without resort to artificial means, but the cost of the necessary precautionary routine is essentially prohibitive, surely prohibitive to such a degree as to be beyond the reach of the average daily consumer. Such a routine requires not only certification of the herd, a carefully trained help-personnel, but also the fostering of every possible means to avoid the entry of any extraneous contamination. And withal, lapses in efficiency

are prone to occur; it is problematical, then, whether it is possible to produce thus a milk supply which is so uniformly safe as that provided by the method known as pasteurization.

Pasteurization does not ignore the usual precautionary measures which should be attendant on the care of the herd, its cleanliness, sanitary process of milking and the necessary refrigeration of the product. It calls for a raw milk supply, gathered under reasonably clean conditions, properly cared for during the interval between malking and pasteurization and then subjects it to a process, the essential factors of which are heat and time. The Ontario Milk Act, for instance, places the heat requirements between 140 and 150 degree Fahrenheit, minimum and maximum, and the time requirements between 20 and 30 minutes. This procedure suffices to destroy, not all of the organism, but those bacteria which are known to be disease-producing and harmful. The vitamins, of which we hear so much, are not altered to any appreciable degree and the natural ferments of the milk are not in any way seriously affected. The food value of the milk remains unaltered.

It is at once obvious that no material change has been effected in the milk. On the other hand, all harmful germ-life has been destroyed, including the organism of tuberculosis, the most resistant of them all.

The efficacy of pasteurization remains unrefuted. Bacteriological tests have proved its claims. Statistical data everywhere register results which must be placed to its credit. Let us not omit: knowing the property of milk as a medium of growth and conveyance, there is always the "unknown quantity" of that which has not occurred, but could obviously occur in the presence of a raw supply. Pasteurization remains a triumph; any measure, indeed, with its possibilities and so little of the undesirable, should be commended.

"PUBLIC HEALTH IN NEW BRUNSWICK"

The Government of the Province of New Brunswick is required, as a result of expiry of its term, to appeal to the people of the province during the present year. Among the number is the Honourable Dr. W. F. Roberts, Minister of Health, one of the most powerful of the exponents of Public Health in the Dominion. We wish Dr. Roberts every success for public health in Canada and in the Province of New Brunswick needs a continuance of his indefatiguable effort.

ACTION AND RE-ACTION

The art of medicine has indeed had a remarkable career. The history of medicine is one of the most interesting of narratives. Except for short epochs at a time there has been a steady upward trend and advance, phenomenal, to say the least, during many periods. Little, however, was it dreamed centuries ago that the emphasis would eventually largely pass from the curative phase of the art to its preventive aspect. The inception of Preventive Medicine took place in the neighbourhood of fifty years ago and in the relatively short period which has elapsed such marvellous progress has been made that the world at large is set agog over the possibilities of the next half century.

Just as remarkable as has been the transition just indicated, so remarkable and unique has been a still more newly developed conception, essentially transitional in character, the result of thoughts largely the product of the last decade or two. We are now thoroughly satisfied that physical illness or incapacity is not an isolated entity; perhaps it was never really so considered, but it is only of late that we are recognizing to its full extent that every individual state has its reflection in the large realm of society. Conversely too, and just as certainly, the state of society reacts and influences the physical condition of the individual, for good or for ill. These are not entirely new thoughts; in fact, parallel with medical effort has gone forward social effort of every description, but never until recent years have these forces intimately joined hands and co-operatively, with a common purpose, set out to accomplish a common goal.

Editorial

The thoughts expressed in the latter paragraph of the next preceding article are numbered among the basic principles of the science of Social Hygiene. The quality of society is pre-eminently the resultant of the quality of its component parts, the individuals. A failing civilization is the outcome of the decay of its members. The rate at which the lower strata of society progagate themselves, in their own kind (excepting, of course, the reclamation which may be effected) compared with the rate at which the higher strata reproduce themselves, determines ultimately, in fact at every stage of its existence, the status of any race. The individual, however, remains the central figure. The quality of the individual may be expressed in terms of degree of physical, mental and moral or spiritual excellence. These attributes are the yardsticks of the Social Hygienist. The implements he uses for their attainment are a scientific disposition of any counter-influence, protective and preventive measures and education.

Has there ever, then, been a more comprehensive programme set for anyone than that assigned to the Social Hygienist? Should it, therefore, be considered in the least presumptuous that the Social Hygienist considers as part of his own efforts every measure for the physical betterment of the human being, every endeavour of the Mental Hygienist and every task of the one undertaking any phase of moral and social improvement?

From this point on we will confine ourselves in the main to the first of these considerations: the physical betterment of our people, and very particularly to its hygienic and preventive aspects—public health, in no small sense. We submit that Social Hygiene, in its broader sense, must take cognizance of, in fact must embrace every phase of public health. Reversing the order of this thought public health aims at giving to the race, and perpetuations through the race, happiness, health and efficiency, but of necessity is confined largely to the physical aspects, whereas Social Hygiene aims at these same objectives, only to find itself left with additional problems specifically its own.

The Canadian Social Hygiene Council is about to make a tentative suggestion or offer in that it proposes to offer itself to the provinces of Canada for purpose of stimulating a mass public opinion favourable to every phase of public health effort, particularly those phases which can be influenced by propaganda and publicity. The Schick Test, the Dick

Test, Vaccination, antenatal care, etc., could be thus popularized. The Council as the result of a recent welcome grant is able to maintain two organizers in Canada, one in the West and one in the East; it has, in addition, a Secretary for Ontario, and a similar force for the City of Toronto. These officials could readily be field workers for public health, in the sense just intimated, not in any way in conflict with the existing public health officials, but co-operating in every possible respect and lending themselves more particularly to propaganda and publicity along these lines.